

MINOR SUBDIVISION APPLICATION REQUIREMENTS

This application and required items must be received by the Planning and Zoning Department at least **40 days** prior to the regularly scheduled Planning Commission hearing. The Planning Commission meets the third Tuesday of each month. The Applicant, or a Representative, **MUST be present** at the public hearing. If no one is present, the request will be postponed until the next meeting.

- 1. The following items must be provided with this application.
 - \$100.00 Application Fee
 - \$43.00 Recording fee- (Separate Check)
 - An 18"x 24" or a 24"x 36" Preliminary survey plat, and an 8.5"x 11" copy, prepared by a
 Registered Surveyor in the State of Colorado. If the Board of County Commissioners grant approval,
 the plat and Resolution will be recorded in the Clerk's Office.
 - A current copy of the deed, to prove ownership.
 - A Certificate of Taxes showing all taxes applicable to such land for years prior to that year have been paid.
- 2. The Applicant is responsible for coordinating with their surveyor and their title company to produce a mylar survey plat of the Minor Subdivision. It is recommended that the Applicant contact their title company and request title work as soon as this application is filed. All title work must be completed prior to a Mylar being issued by the surveyor.
- 3. The Planning and Zoning Department will publish a Notice of the Public Hearing regarding the Minor Subdivision request in the Sterling Journal Advocate, **30 days** prior to the hearing. <u>The Applicant will be invoiced directly for the advertisement.</u>
- 4. The Applicant will be required to post a Notice of Public Hearing Sign on the property, **14 days** prior to the hearing date. * See Attached sign requirements. A photo of the sign must be provided to the Planning and Zoning Department.
- 5. The Planning and Zoning Department will send written notice of the hearing to adjacent landowners within 500 feet. Failure to mail such notice shall not affect the validity of any hearing.
- 6. The Applicant is responsible for "Making his or her Case". Visual representations are helpful in the review process. Additional maps, photographs, and other visual aids should be provided when possible.

*Refer to Logan County Subdivision Regulations and Zoning Regulations for more details.

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LOGAN COUNTY MINOR SUBDIVISION APPLICATION PLAT APPROVAL

Date:				
Name of Minor Subdivision	n (as listed on plat):			
Applicant: Name:		Phon	e:	
Address:				
Local Agent:				
Address:				
Owner of Record: Name:		Phon	e:	
Address:				
Prospective Buyer: Name:		Phon	e:	
Address:				
Land Surveyor: Name:		Phon	e:	
Address:				
Attorney: Name:		Phon	e:	
Address:				
Description of Property Minor Subdivision Location	r: n: On thes	ide of		
Feet	of			
Direct	tion	Street		
Legal: ¼ Section	Section	Township	Range	
Total Acres	Number of Lots			
Current Zoning:		Current Land Use:		

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LOGAN COUNTY MINOR SUBDIVISION APPLICATION PLAT APPROVAL

Postal Delivery Area:	School District:
If Deed is recorded in General System: Book	k Page
Has the Board of Zoning Appeals granted Va property? Y or N	riance, Exception, or a Conditional Use Permit Concerning this
If yes, list Case No., and Name	
Proposed use of each Parcel:	
Proposed Water and Sewer Facilities:	
Proposed Public Access to Each New Parcel:	
Reason for Request of this Exemption (May u	use additional pages):
List all Contiguous Holdings in the same Owr	nership:
Section/ Township/ Range	Lot(s)
with the book and page of each conveyance into Recorder. This affidavit shall indicate the legal ov the Contract of Sale was executed. IN THE EVEN stockholders of each corporation owning more th	cating the dates the respective holdings of land were acquired, together of the present owner as recorded with the Logan County Clerk and wher of the property; the contract owner of the property, and the date T OF CORPORATE OWNERSHIP: A list of all directors, officers, and can five percent (5%) of any class of stock must be attached. This need ial assessment financing, the formation of improvement district(s) or
Ithe Logan County Subdivision Regulations, application submitted herewith are true.	, hereby consent to the provisions of Article 8.2 (A & B) of and hereby depose that all statements contained in this
Applicant Signature:	Date:

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LOGAN COUNTY MINOR SUBDIVISION APPLICATION COUNTY USE ONLY

Application Fee: (\$100.00) Date:	Receipt #:		
Recording Fee: \$13.00 (1 Page) OR \$23.00 (2 Page	s) - (Separate	Check) Date / Receipt #:	
Date of Planning Commission:			
Recommendation of Planning Commission:A	pproval	Denial	
Recommended Conditions of the Minor Subdiv	vision:		
		Chairperson, Pl	anning Commission
COUNTY COMMISSIONERS ACTION:			
Conditions of the Minor Subdivision Approval:			
Date Granted:			
Date Denied:			
		Mike Brownell	(Aye) (Nay)
		James T. Yahn	(Aye) (Nay)
		Jim C. Santomaso (Aye) (Nay)	

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LOGAN COUNTY MINOR SUBDIVISION APPLICATION

SIGN REQUIREMENTS

A sign must be posted when applying for any Land Use Application which involves a public hearing. The purpose of this requirement is to notify the public of the date, time and place of the Public Hearing and to inform the public of the Type of Land Use Application.

Sign requirements are as follows:

- The sign must be posted at least **14 days** before the Public Hearing date.
- The sign must be posted on a board such as plywood. The board must be at least 3'x4'
 and must be sturdy.
- The sign must be **4 feet above the natural grade** of the ground.
- The lettering must be at least **2 inches** in size.
- The sign must be posted in a conspicuous location on the property in question. **The sign** must be visible from the public road.
- The Applicant must provide the Planning Department with a **photograph of the sign** at the location where it is displayed.
- The photo of the sign can be emailed to: quintr@logancountyco.gov

SAMPLE OF THE SIGN

PUBLIC HEARING LOGAN COUNTY					
PLANNING & ZONING COMMISSION	BOARD OF COUNTY COMMISSIONERS				
DATE:	DATE:				
TIME:	TIME:				
PLACE: LOGAN COUNTY COURTHOUSE 315 MAIN STREET STERLING, CO 80751					

REQUEST: (A MINOR SUBDIVISION APPLICATION FOR)

Your Name

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